ż

1PLACE OF DEATH	06847 STATE OF MARYLAND
County Colony	CERTIFICATE OF DEATH
h	Registration Dist. No. 51
Village or City Parrow (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 4 , 198/
May 13, 1857. Month) (Day) (Year)	that I last saw here alive on 1921.
7 AGE If LESS than dayhrs. ormin.?	and that death occurred on the date stated above, at 8 25 P. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Acute Indigestion
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country) Colnect	Secondary (Duration) yrs
10 NAME OF FATHER Ciphes Henry Bowen	(Signed) 1921 (Address) Prince Frederickly
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sera Serie Semmons 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or country)	of death yra mos, ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Au J. C. Joven	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed one 5 1931 J. M. Jing Registrar	20 UNDERTAKER ADDRESS ADDRESS Owngs
W 11 1 - 11 - 11 - SALE PARTAGE	16 W Savetone St. Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many not gainfully em-The ques-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n ture of the injury, approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; ... (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY · (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular heart disease; not be

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary, may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (re ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH laborer, Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Pricise statement of oeworked on may form part of the second statement. Foreman, or For many occupations a single word or term on Wis). Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material Al Home, Compositor, For persons who have no occupation and children, Laborer-Coul mine, etc. Wom-Architect, Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Manus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; can be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) peritonoeum, etc., Corcinoma, Sorcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or misearriage as Committee on Chronic "Senile," etc.), "Shock," etc. valvulor heart Nomenclature The contributory Always qualify all ete.), "Dropsy, not be disease;

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	
	STATE OF MARYLAND
County Cawery.	CERTIFICATE OF DEATH
000001	Registration Dist. No. 7
Village or City Calvert (No. Co Tha	St.: Ward) a hospital or inst
2FULL NAME Walter V	Fronks tion, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
That Color or race 5 single, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH June 29,1931
6 DATE OF BIRTH	(Month) (Day) (Year)
aux 7, 1910	Jun 7 9 1931 10 Jun 7 9 , 192
(Month) (Day) (Year)	that I last saw hour alive on '' , 192
7 AGE If LESS than	
20 yrs. 10 mosds. ormin.:	
e OCCUPATION (a) Trade, profession or activate third of work	Suplaned gastric al
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs mos
which employed or (employer)	Contributory Tentonutio
BIRTHELAGE	Secondary
(State or country)	1/-
10 NAME OF AL CO	(Docation) yrs mos 1/2
10 NAME OF Pas. N. Proofes	1/-
10 NAME OF Pas. N. Roaks 11 BIRTHPLACE OF FATHER 10 11 BIRTHPLACE OF FATHER	(Signed) Signed M. (Signed) Signed M. (Address) Much Graths from *State the Disease Causing Death, or, in deaths from
10 NAME OF FATHER PAS, N. Brooks 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) Single Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER MUNDLE MUNDL	(Signed) June 1975 M. M. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
10 NAME OF FATHER TRAS, N, Trooks 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER MALE OF MOTHER MALE MALE MALE MALE MALE MALE MALE MAL	(Signed) Signed State (Address) Sunce State State (Address) State (Address) Sunce State (Address) State (Addre
10 NAME OF FATHER Pas. N. Rooks 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER (State or country) 16 MAIDEN NAME MULL 17 MAIDEN NAME OF MOTHER (State or country)	(Signed) (Signed) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training of Recent Residents) At place of death yrs mos ds State State was disease contracted.
10 NAME OF FATHER TRAS, N, Trooks 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER MALE OF MOTHER MALE MALE MALE MALE MALE MALE MALE MAL	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traicnts or Recent Residents) At place of death yrs mos ds State yrs mos from at place of death? Where was disease contracted, if not at place of death? Former or
10 NAME OF FATHER Pas. N. Rooks 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER (State or country) 16 MAIDEN NAME MULL 17 MAIDEN NAME OF MOTHER (State or country)	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Address) (At place of death (Signed) (Address) (Signed) (At place of death (Signed) (Address) (At place of death (Signed) (Address) (At place of death (Signed) (Address) (Addr
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traicnts or Recent Residents) At place of death yrs mos ds State yrs mos Where was disease contracted, if not at place of death? Former or usual residence
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MATCHINGTON (Informant)	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traicnts or Recent Residents) At place of death yrs mos ds State yrs mos Where was disease contracted, if not at place of death? Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

er," etc., wir-laborer. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Physician, Compositor, tion applies to each and every person, irrespective of Housemaid, etc. to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, For many occupations a single word or term on 118). (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, not gainfully em-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Dinhtheria avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisaned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Examples: Accidental drowning; Struck by railugy train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, etc. The resulting from childbirth or miscarriage as Committee on Nomenelature Chronic valvular heart disease; contributory not be death

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of	IANS should	ement of OC	
T CORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
LY. WITH UNEADING INK-THIS IS A PERMANENT	EXACTL	ly classified.	ate.
TIS IS A	be stated	be proper	of certifica
INK—TI	GE should	hat it may	is on back
UNFADING	upplied. A	terms, so t	TION is very important. See instructions on back of certificate.
N A	carefully s	I'H in plain	ortant. Se
TE PLAINI	should be	E OF DEA	is very imp
V B WRIT	mation	CAUS	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06850
1. PLACE OF DEATH	(210) ~~
County Colvert	Registration Dist. No.
Village or City Next Black	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign hirth?
7. 111 ()	
2. FULL NAME Suitely Coul	
(a) Residence: NDC 3 O (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED WIDOWED,	21. DATE OF DEATH
OR DIVORCED, (Friethe word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (real)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Val 91 1512	, 19 , to , 19
7. AGE Years Months Days If LESS than	I last saw h
20 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as hollows: Date of onset
kind of work done, as SPINNER, Meelcance SAWYER, BOOKKEEPER, etc.	Destand of ll
9 Industry or business in which	& week
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME UM. COLE 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME Mary Redd 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide. Date of Injury 1, 19
(Grate of Edular)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 477 8 2 315 W	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVANCE LD CO.	Manner of injury Leading of Start and week
Place Suffalk, Va Date June 23, 1931	Nature of injury
21/2/2/ 1-1	
19. UNDERTAKER WIFE TAKEN	24. Was disease or injury In any way related to occupation of deceased?
0 2121111 15	(Signed) Supla Ward M.D.
20. FILED Comme U, 1994 WH Hardes M. Registrar.	(Address) 12 110
	2411 N. Charles Street, Baltimore, Requesting U. S.No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deal of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A STATE OF THE STA	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
	La series and a se	07		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH	STATE OF MARYLAND
County Calvers.	GERTIFICATE OF DEATH
	District District
Chart A. L. I.C.	Registration Dist. No.
Village or City () Lyware No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME William alles	tion, give its NAME In-
2FOLL NAME CONTRACTOR	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
male widowed.	Jule 13, 1951
Write the word // Millia	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended the deceased from
fine 2 1852	1981. to V UND 13, 19291,
(Month) (Day) (Year)	that I last saw h Way alive on June 13, 1927,
7 AGE [If LESS than	and that death occurred on the date stated above, at
7 a l dayhrs.	TheyCAUSE OF DEATH * was no follows:
yrsmosds. ormin.?	Mone Valvular Laare Uniters
a) Trade, profession or	
particular kind of work James.	
(b) General nature of industry business, or establishment in	<i>n</i> /
which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE	Contributory Secondary
(State or country) Colour 60 md.	
10 NAME OF	Overalion yrs gos ds.
FATHER George Woshmita Street	(Signed) M. D.
() II BIRTHPLACE	Jule 3 15/ (Address) Upland (Color Me)
OF FATHER (State or country) Colour Co. Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Hamah Brookle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Calous Co mid.	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
6	Former or
(Informant) wow warsey.	usual residence
will time Tuderist md.	19 PLACE OF BURIAL OR BEMOVAL
Madress	Christ Church 114 , 1901
15 Filed 6/14 1931 Q. W. Juan	20 UNDERTAKER ADDRESS
Registrar	A. a. Harkness Whileal
If more bianks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06851

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Solesmon. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housey household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write Nonc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile foctory. The material (a) the kind of work and also (b) the . (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railwoy traincan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-", "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart not be discose;

TLY, PHYSI- sified. Exact	PLACE OF DEATH County Cloud P. 5	06852 STATE OF MARYLA CERTIFICATE OF DE Registration Dist. No
EXAC y clas ficate.	2FULL NAME J. Oliver Home	St.: Ward (If death a hospital tion, give stead of number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be st be pr ck of	Married, Married, Wildowed. Male White (Write the word)	16 DATE OF DEATH
CE should hat it may ons on ba	6 DATE OF BIRTH December 10, 1861 (Month) (Day) (Year)	17. I HEREBY CERTIFY, That Lattended the d
plied. ACE	7 AGE 69 yrs. 5 mos. 27 ds. or -min.?	and that death occurred on the date stated above, at
arefully sup	CCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Jound dead in bed. (Duration)yrs
ISE OF DEATH	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) X (State or country) A A A	Secondary (Duration) (Signed) (Signed) (Address) (Address)
information d state CAU OCCUPATIO	12 MAIDEN NAME OF MOTHER Clinited Hommer 13 BIRTHPLACE OF MOTHER (State or Country)	*State the Disease Causing Death, or, in de Violent Causes, state (1) Means of Injury and (2 Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutionts or Recent Residents) At place of deathyrsmosds. In the Stateyrs
y Item of NS should ement of ((Informant) Pulius Dorsey	Where was disease contracted, if not at place of death?
State state	(Address) Succe Magnet	20 UNDERTAKER, Harkussa Mute
Z	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06852 STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. 5/

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)

16 DATE OF DEATH	., 194/
(Month) (Day)	
17. THEREBY CERTIFY, That Lattended the	deceased from
192 . to	, 192
that I last saw hallow on the saw hallow of the saw hallow on the saw hallow of the saw hallow on the	, 192
and that death occurred on the date stated above, at	m
The CAUSE OF DEATH * was as follows;	
Organia Least disease)
. //	
Found dead in ted.	
(Duration)yrs	mosds.
Contributory Secondary	
(Signed)	M.D.
18 LENGTH OF RESIDENCE (For Hospitals, Instit	
ients or Recent Residents)	
At place In the Stateyrsds.	ds.
Where was disease contracted, if not at place of death?	00 7 80 0 0 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Former or usual residence	
Central Church 9	of Burial
a. d. Harkuss Mut	5
, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular Always qualify all heart disease;

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grovery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrochteritis	1 year
		2	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

County Calvers	
County Clubba	92-a CERTIFICATE OF DEATH
Barrie	Registration Dist. No. 51
Village or City Own Ho	St.: Ward) (If death occurred a hospital or institution, give its NAME stead of atreet number.)
	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED. OR DIVORCETAGE	16 DATE OF DEATH 23, 198
STATE OF BIRTH	(Month) (Day) (Year
Aug 27 , 1862	2 Novi 180 by 183, 18
(Month) (Day) (Year)	that I last saw h. Zalive on 192
7 AGE [If LESS tha	A //
68 yrs. 9 mos. 3 ds. or min.	
8 OCCUPATION (a) Trade, profession or	
particular kind of work (b) General nature of industry	
usiness, or establishment in which employed or (employer)	(Duration)mos
9 BIRTHPLACE (State or country)	Contributory Secondary Secondary
10 NAME OF DISTRIBUTION OF THE PARTIES OF THE PARTI	(Signet) 6 COOTO TO MAN OS M
FATHER Theo. W. Crawford	(Signed) 60 Word Law Crang M
on 11 BIRTHPLACE . W. Crawford	(Signed) 6 Jave Com Marcan Solano Crang M
FATHER THED. W. Crawford II BIRTHPLACE OF FATHER (State or country) I MAIDEN NAME OF MOTHER OTHER OTHE	(Signed) (Address) Slave Cross M State the Disease Causing Death, or, in deaths from Vice of Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcriptions)
TATHER THED. W. Crawford II BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME OF MOTHER I3 BIRTHPLACE OF MOTHER OF MOTHER	(Signed). (Address) Volce Cook. Syste the Disease Causing Death, or, in deaths from Vident Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TATHER THEB. W. Crawford II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) AMAI VILLO AMAI VILLO AMAI VILLO AMAI OF MOTHER (State or Country)	(Signed) (Address) Slave Comp. What the Disease Causing Death, or, in deaths from Vident Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailients or Recent Residents) At place In the
TATHER THED. W. Crawford II BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME OF MOTHER (State or Country) A BIRTHPLACE OF MOTHER (State or Country) AMILI PILE (State or Country) AMILI PILE (State or Country)	(Signed) (Address) Value Cross M *State the Disease Causing Death, or, in deaths from Victor Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training of Causes, State State State Where was disease contracted,
TATHER THEB. W. Crawford II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) AMAI VILLO AMAI VILLO AMAI VILLO AMAI OF MOTHER (State or Country)	(Signed). (Address) Volce Cross Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training of Geath Tra
TATHER THE W. Crawford II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) AMA VICE IA THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Instituted of the country)	(Signed). (Address) Volce Cook. *Spate the Disease Causing Death, or, in deaths from Vident Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents) At place of death yrs

GECKI

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, the first line will be sufficient, e.g., Former or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, " etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Laborer-Cool minc, etc. Womwithout more precise specification as Doy mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railwoy train-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Heart failure," Chronic and consequences (e. g., sepsis "Senile," etc.), "Dropsy, failure," "Haemorrhage, etc. The contributory valvular heart disease; Measles ;

•	06855
PLACE OF DEATH	STATE O
County Calvery.	(S) CERTIFICA
00.11	Registrati
Village or City. 1, Tresus	7.081
1.22	St.: W
2FULL NAME Sill born	fumfer.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH LINE (Month)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That
June 19, 19:	3/192 to
(Month) (Day) (Yea	that I last saw halive on
7 AGE If LESS to I day day .	hrs. The CAUSE OF DEATH * was as follow
BOCCUPATION	11.00
(a) Trade, profession or particular kind of work	- Comment of the comm
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE 2	Contributory
(State or country)	Danjon
10 NAME OF STATE STATE OF	(Signed)
II BIRTHPLACE	6/19/1927 (Address) PM
OF FATHER (State or country) MA	*State the Lisease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME N	Accidental, Suicidal or Homicidal.
of MOTHER MOY DOOKS	18 LENGTH OF RESIDENCE (For Heights or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In
(State or country)	of deathyrsmosds. Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) with Jamesey.	usual residence
(Address) 13 7 hod.	19 PLACE OF BURGAL OR REMOVAL
15 16/25 13/ 9.71 1	20 UNDERTAKER

Registrar

F MARYLAND TE OF DEATH

ion Dist. No.

(If death occurred in a hospit I or institu-

tion, give its NAME i. -stead of street and number.) TE OF DEATH (Day) (Year) attended the deceased from ated above, at ath, or, in deaths from Injury and (2) Whether ospitals, Institutions, Transthe State yrs mos ds, If more banks are needed, addre & tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No

00

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, For many occupations a single word or term on Farm laborer. For persons who have no occupation Laborer-Coal mine, etc. Wom-Salesman, (b) Grocery; person, irrespective of Locomoline not gainfully em-As examples: (a) The quesengineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease as fracture of skull, and consequences ie. g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway troin-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Careinoma, Sorcoma, etc., of (Recommendations on statement of cause of death can be ascertained as the cause. (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitiol nephritis, vd cough; "Marasmus," "Old Age," "Shock, Committee on Chronie etc. valvulor heart Nomenclature The contributory Always qualify all not be disease .

3 2 2 2	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06856
state UPA-	1. PLACE OF DEATH	(200-9)
ould occu	County Calvert	Registration Dist. No.
PH PM 8	Village or City Drue 1	NoSt.,Ward
70	Length of residence in city of town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
SD. Every YSICIANS statement	2. FULL NAME Many Ellen Soll	a James
D. E. SICI tater	All I lid	St., Ward.
per l	(a) Residence: No. (Youal place of abode)	If nonresident give city or town and State
CO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June /
d. L.	7 5	(Month) (Day) (Year)
DING ANEN A CT I ssifted	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
BINDIN PERMANI E X A C7 y classificate.	(or) mile of	, 19, to, 19, 19
BIJ ENER EN	6. DATE OF BIRTH (month, day, and year) felo, 3, 69 21	I last saw harmaliva on , 19 ; death is said
FOR B. IS A PE stated E properly ertificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1230 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A I stated proper proper		were as follows:
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Markerson
A E E S	9. Industry or business in which work was dona, as SILK MILL,	1. 1. 1. 2. 1. 2. 4
KK—7	SAW MILL, BANK, etc	tendingnosed no frother mormalion,
SE TE TE	10. Date deceased last worked at this occupation (month and year)	Culp
REN NG I AGE that	0	Other Contributory Causes of Importance:
NEGIN RI NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	
MARGIN UNFADI supplied. 1 terms, so	E 13. NAME Swand Wills	
o thing	14. BIRTHPLACE (city or town)	Name of operation
- 70	(State or country)	What test confirmed diagnosis? Was there an autopsy?
Wefully in pla	15. MAIDEN NAME Catherine Jones	23. If daath was dua to external causes (VIOL ENCE) fill in also tha following:
Eur 13	15. MAIDEN NAME (atterms fores) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
AINLY, Id be can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
3 PLA Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place St. Edmonds Data June 3, 1931	- Nature of Injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER MARRIEN Gruss	24. Was disease or Injury in any way related to occupation of deceased?
No. 1	(Address)	If so, spacify
vi (7)	20. FILED Frame 2, 1931 W 242+ ardes by	(Signed) M. D.
> 81	Registrar.	(Address) Strip flff
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	1PLACE OF DEATH	06857 STATE OF MARYLAND
	County Calvert	CERTIFICATE OF DEATH
	1/ 5	Registration Dist. No. 5/
Vi	llage or City Vice lengtown (No	St.: Ward) St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
-	-FOLL NAME	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	M 4 COLOR OR RACE 5 SINGLE, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6	Date of BIRTH Sight 7, 1843	I HEREBY CERTIFY, That pattended the deceased from 22, 1927,
1-	(Month) (Day) (Year)	that I last saw h alive on 192 7,
7	87 yrs. 8 mos. / S de. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
N.	OCCUPATION (a) Trade, profession or particular kind of work	Chronic Pornchita
1	b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yra. 2 mos. do.
V-	BIRTHPLACE (State or country)	Contributory Seeondary
	10 NAME OF Julio CO hons	(Signed) M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	OF MOTHER Clysbulk Hardes 4	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. Stateyramosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Dessie, Vroll	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) / Vullery lown	Suculous glown Jams 24, 193 1
15	Filed June 24 1921 Jellicelle Registrar	Of Halelin Int Hundy
=	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ennature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a For many occupations a single word or term on or yrs). Farm laborer, At Home, and children, Compositor, Architect, For persons who have no occupation Laborer-Coal mine, etc. Locomotive engineer, not gainfully em-The ques-Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved (Recommendations on statement of cause of State cause for which surgical operation was under-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY causing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature cough; Chronic Example: Mcasles (disease chopneumonia (secondary), etc. The contributory valvular Always qualify all heart disease; not be

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(108)
County Calvert a	Registration Dist. No.
Village or City Sunderland.	No. St., Ward
Length of residence in city or town where death occurred (II)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
WI DNO	o
2. FULL NAME Many D. Marotu	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR THE WOLF.	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND AND AND AND AND AND AND AND AND AND	1 HEREBY CERTIFY, Thet I ettended deceesed from
6. DATE OF BIRTH (month, day, end yeer) Meyer 28, 1857	lest saw here alive on Que 27 1931; deeth is said
7. AGE Yeers Months eys If LESS than	to heve occurred on the date stated above, et. 6 Pm.
74? 7 7 0 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Hamplejia
work was done, as SILK MILL,	
10. Dete deceased last worked et this occupetion (month end year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) fruiterland	Other Contributory Causes of Importance:
(Stete or country)	3
13. NAME Ben Juitle	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
15. MAIDEN NAME Rachel dans	23. If deeth wes due to externel ceases (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Rachel 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Thomas Rawling (Address) Osmis Lud	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Mil. Hoyse Dete June 30, 1931	Nature of injury
19. UNDERTAKER Wilson Sewell (Address) Coars	24. Was disease or Injury In env. wey releted to occupetion of deceased?
a 29 71(2/2/2016)	(Signed) And Ward M. D.
20. FILED DANGE, 1921 CV PA PACAGO	(Address) Tunin lud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		_1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	REREAL	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY PHYSICIAN	V
---------------------------------	------------------------	---

statement of

WRITE

V. S. No. 1

1 _{PL}	ACE	OF	DEATH	,
`auntu	0	u	luc	N

06859

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 5/

Village or City Ococco (No. 2FULL NAME Elenc Sce	St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Dey) (Year)
6 DATE OF BIRTH May 28, 193/ (Modth) (Day) (Year)	that I last saw h alive on kee p
7 AGE If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Juston Culled Lo
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) yrs mos ds. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Stur Mass 13 BIRTHPLACE OF MOTHER (State or country) M	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Julia V. Science	Former or usual residence
(Address) Ocacing 15 Filed June 17 1981 Lellicele	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
if more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the should be used only when needed. As examples: (0) Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the pissease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Exhaustion," "Heart failure," "Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Vraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important Example: Measles (disease causing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); Measles. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perulonaeum, etc., Carcinomo, Sarcoma, Never report mere symptoms or terminal condi Chronic and consequences (e. g., sepsis chopneumonia (secondary) etc. The affection need not be valvular heart disease; contributory etc., or

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI pluods Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos ds. Length of residence in city or town where death occurred PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX . 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month BINDING 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. Thet I ettended deceased from (or) WIFE of . 19 to 6 ertificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Days to have occurred on the date stated above, et_____m 1 day, hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Oate of onset 8. Trade, profession, or particular RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc 9. Industry or business in which pluods may work was done, as SILK MILL. SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME Name of operation_____ 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ carefully OTHER very important. 15. MAIDEN NAME. 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury D. Date sine 18 1931 mation Neture of Injury_. LION 24. Was disease or Injury In any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify B. (Signed) Registrat (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1331	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	57	€ 1921	Run over by street car	1 week ago
Cerebral hemorrhage	86 33 22 20	July 5, 1927	Peritonitis	3 days ago
	And the second second	Administrative States		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1PLACE OF DEATH	06851 STATE OF MARYLAND
County Calvert	CERTIFICATE OF DEATH
	Registration Dist. No. 5/
16. 7: +	
Village or City les les grange (No.	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Sance S. C	Valoaca tion, give its NAME is stead of street an number.)
-I OLL HAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
m WIDOWED OR DIVORCED (Write the word)	103
6 DATE OF BIRTH	(Month) (Day) (Year)
Jahl. 1 1850	June / 193/ to June 15, 188/
(Month) (Day) (Year)	that I last saw h alive on 1925
7 AGE If LESS than	
l day hre.	The CAUSE OF DEATH * was as follows:
7 9 yrs. 9 mos. 4 ds. or min.?	Urenin Juleaning
a) Trade, profession or	Protoulis Vy puthoply
particular kind of work twomas (b) General nature of industry	coul Relucted 7 Wine
business, or establishment in	(Duration)yrsde
which employed or (employer)	Contributory
State or country)	Secondary
10 NAME OF	(Duration) yre mos de
FATHER Damuel Walson	(Signed) M. D
0 11 BIRTHPLACE OF FATHER	School the Disease Causing Dooth on in deaths from
Z (State or country) & MC	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
T 12 MAIDEN NAME OF MOTHER L	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
8 + 1	Former or usual residence
(Informant) Ook b Walsace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Draces	b line to 19
15 1 10/11/11	20 UNDERTAKER ADDRESS
Filed June 16 19231 Melile Registrar	COTH Kulden My Humon
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

· gr

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousebold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-6 yrs). For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation Laborer-Architect, -Coal minc, etc. Locomotive not gainfully em-The quesengineer, Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart range," "Old Age," "Shock," "Inantition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stited unless important use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart Always qualify all need not disease,

If this certificate is looked over theroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

answered in detail, it data is essential and permanently filed.

	PLACE OF DEATH County Culsult	06862 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
illoare.	Village or City Auce les glow (No Borne.	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
0110 0110	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923 that I last saw h alive on June B , 1923
TON INCHINE	7 AGE ## AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
o liami.	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
	(State or country) 10 NAME OF FATHER MCKLURY Jonnes 11 BIRTHPLACE	(Signed) 1931 (Address) Verulue M. D
	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, on deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Jacuny (and less go 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds, Stateyrsmosds Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contacted, if not at place of death?
	(Address) Hereling towns Filed June 9 1931 Hallington	20 UNDERTAKER ADDRESS ADDRESS WA Harmon
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Parm laborer, Laborer—Coat many, at home, who are engaged in the duties of the duties of the duties.

A Housekeepers who receive a business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, 6 yrs). For persons who have no occupation For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cercbros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (c. g., sepsis, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; not be